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MEMORANDUM 2017-1

TO: Local Health Directors and TB Nurses

FROM: Jason Stout, M.D., MHS
Medical Director
NC TB Control Program

DATE: July 21, 2017

RE: Changes to the NC TB Control Policy Manual

In light of two relatively new guidelines issues by the Centers for Disease Control and Prevention, the NC TB Control Policy Manual has been revised. Please see below for a list of corrections and additions to the NC TB Control Policy Manual. **The most significant change is that the standard of care for directly observed therapy for patients with active TB is daily medication for the first two months, followed by three times weekly medication for the duration of treatment for many patients. Specific, high-risk subgroups are recommended to receive daily DOT for the entire course of treatment (listed below and in the manual changes). In addition, interferon gamma release assays are recommended for latent TB screening in all persons 5 years of age and older.**

These changes have been posted to our web site (<http://epi.publichealth.nc.gov/cd/lhds/manuals/tb/toc.html>) and can be found in the respective chapters. Additionally many of the TB forms have been reviewed/revised. These can be downloaded from our web site (<http://epi.publichealth.nc.gov/cd/tb/lhds.html#forms>). Please download the new information and incorporate these pages into your manual to ensure that you are basing your management of TB on the most current policies. The new DOT changes should be used with new TB patients started on therapy in the future.

Chapter I	Page 1.	Updated goals and references.
Chapter II.	Page 1	Updated the first section that discusses tests for the presence of M.tb and their limitations.
	Page 6	Updated the section on BCG

	Page 5 D	Clarification regarding false negative reactions.
Chapter III.	Page 3-4	Removed the requirement that patients receiving INH and rifapentine must be entered into NCEDSS and added a statement that selected cases may self-administer this regimen.
	Pages 16-17	Added sample standing orders for the INH and rifapentine regimen.
Chapter IV.	Page 2	Added that a molecular test to detect drug resistance should be sent to the CDC for individuals at high risk for resistance.
	Pages 4-8	Updated treatment guidelines. Patients should receive daily therapy for the first eight weeks by DOT during the initial phase and then three times a week during the continuation phase. Patients with HIV infection, positive acid-fast smears, and/or cavitary disease on plain chest radiographs are recommended to receive daily therapy for 18 weeks during the continuation phase.
	Page 11.c	Changed the EMB and PZA dosage for renal impaired patients.
	Page 14	Added that BUN and Creatinine should be monitored if taking aminoglycosides.
Chapter V.	Page 5-9	Incorporated the new treatment guidelines for this population as well.
Chapter VI.	Page 2	Drug ordering instructions were updated.
Chapter VII	Page 4	Added a table outlining how to determine the infectious period Previously all mention of treatment in the contact investigation chapter discussed INH only. Now it refers to treatment of LTBI instead since there are three options for treatment of LTBI.
	Page 7	Updated the section on evaluating infants born to a household where someone has active tuberculosis.
	Page 8	Updated the section on the treatment of contacts to INH resistant TB.
Chapter IX.	Page 11	Updated guidance regarding the chest x-rays for immigrants with class A or B conditions.
	Page 32-35	Removed the outdated education material that can be ordered from TB Control.
	Page 35-37	Updated the clinical pathway form to incorporate the manual changes.
	Page 38-42	Updated contact information in the Corrections guidelines.

Many of the TB forms have been reviewed/revised.

- DHHS 1391 – reviewed and updated the revised date only.
- DHHS 1030 TB Epidemiological Form:
 - If a contact to a case year of contact and the contact's name was added.
 - Clarified that each risk factor should be addressed regardless of the mm reading.
 - Added space to enter a recent HgA1c if patient is diabetic.
 - Changed treatment area to include the new treatment guidelines recommendation to prolong daily DOT and intermittent therapy to be thrice weekly instead on twice weekly.
- DHHS 2810 TB Flow Sheet:
 - Changed Coumadin to anticoagulants
- DHHS 1662 Record of Tuberculosis Contacts (multiple):
 - Added a symptom screen to each section
 - Added 3HP (INH and Rifapentine for 3 months regimen) to the treatment plan
 - Added a space for a phone number
- DHHS 3405 Record of Tuberculosis Screening- no changes
- DHHS 3093 Tuberculosis Biologicals Requisition and Inventory
 - Rifapentine 150 mg now comes in 24 count instead of 32
- DHHS 2407 Requisition for Tuberculosis Control Material
 - Took out the section on audiovisual materials as they are all outdated. Now you can order directly from other sources that are also listed on the form.
 - Updated the phone number to call.
- DHHS 3005 Report of Positive Smear (AFB) and/or Positive Culture – No change
- DHHS 4097 Individual Contact Form
 - Added a space for phone number
 - Added 3HP (3 months of INH/Rifapentine) to the treatment plan

Many of the general statutes and codes have had slight wording changes since this chapter was last updated so we have replaced these in our manual.